



# LOS ANGELES COUNTY COMMISSION ON HIV

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## COMMISSION ON HIV MEETING MINUTES February 12, 2009

**Approved**  
**3/12/09**

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	James Skinner	Neil Aves	Angela Boger
Anthony Braswell, <i>Co-Chair</i>	Robert Sotomayor	Marcos Aviles	Maxine Franklin
Sergio Aviña	Kathy Watt	David Crain	Michael Green
Robert Butler	Fariba Younai	Marc Davis	Mary Orticke
Mario Chavez /Terry Goddard		Azul Grasso	True Pawluck
Nettie DeAugustine		Miki Jackson	Jacqueline Rurangirwa
Whitney Engeran-Cordova	<b>MEMBERS ABSENT</b>	Michael Johnson	Carlos Vega-Matos
Douglas Frye	Al Ballesteros	Joseph Leahy	Juhua Wu
David Giugni	Anthony Bongiorno	Ingrid Marchus	Dave Young
Jeffrey Goodman	Carrie Broadus	Victor Martinez	
Joanne Granai	Eric Daar	Rich Mathias	
Michael Johnson	Richard Hamilton	Mindy Middleton	<b>COMMISSION STAFF/CONSULTANTS</b>
Lee Kochems	Peg Taylor	Jenny O'Malley	
Brad Land	Chris Villa	Julian Sanchez	Erinn Cortez
Ted Liso		Jay Villarreal	Carolyn Echols-Watson
Anna Long		Tony Wafford	Dawn McClendon
Manuel Negrete/James Chud	<b>SPN COORDINATORS</b>		Jane Nachazel
Quentin O'Brien	<i>(Non-Commission Members)</i>		Glenda Pinney
Everardo Orozco/Ron Osorio	Gabriela León		Doris Reed
Dean Page	Jill Rotenberg		James Stewart
Angélica Palmeros	Sharon White		Craig Vincent-Jones
Mario Pérez			Nicole Werner

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:15 am.
  - Roll Call (Present):** Aviña, Braswell, Chavez, DeAugustine, Engeran-Cordova, Frye, Giugni, Goodman, Granai, Johnson, Kochems, Land, Liso, Long, Negrete, Orozco, Page, Skinner, Sotomayor, Watt, Younai
- APPROVAL OF AGENDA:**

**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the minutes from the December 11, 2008 Commission on HIV meeting (*Passed by Consensus*).
- CONSENT CALENDAR:**

**MOTION #3:** Approve the Consent Calendar with Motions 5, 6, and 7 removed (*Passed by Consensus*).

**5. PARLIAMENTARY TRAINING:** Mr. Stewart noted the 8:30 to 9:00 am parliamentary briefings continue to welcome all.

**6. PUBLIC COMMENT, NON-AGENDIZED:** Mr. Johnson (public), said it takes six hours to reach his doctor in Antelope Valley. He was told he could use cabs, but was denied because he has a bus pass. He was referred to Ms. Franklin, OAPP, for assistance.

**7. COMMISSION COMMENT, NON-AGENDIZED:**

- Mr. Goodman reported Medicare is accepting public comments until February 16<sup>th</sup> on whether to expand coverage to include facial lipodystrophy services. ProjectInform.com has a link to submit personal comments.
- Mr. Skinner and Mr. Chavez announced their resignations from the Commission. Mr. Chavez indicated that since the Service Provider Networks (SPNs) have sunset, he no longer will be working at his agency.
- Several Commissioners said it was important to help consumer Commissioners and those new to the process develop confidence in working with the inherently complex material including encouragement of participation in upcoming trainings.
- In response to questions about Positive Healthcare, Mr. Engeran-Cordova, AHF, reported that AHF had a state contract for care through that HMO. He reported that the State had cut the rate below a level that the agency could financially sustain, and that the rate had been viable for 15 years before the change. Negotiations are continuing and transition information will be provided if an agreement is not reached. Members will receive information from AHF after it receives required state approval. About 700 clients are affected statewide. Other AHF programs are not affected. He offered to bring an AHF representative more familiar with the program to the next Commission meeting to explain it further.
- Dr. Younai reported there was no appropriation for the Department of Mental Health HIV services in the 2008-2009 proposed state budget.

**8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no items for follow-up.

**9. CO-CHAIRS' REPORT:**

**A. Executive Committee At-Large Member Nominations:**

**MOTION #4A:** Elect Executive Committee At-Large member, seat 1 (*Ballesteros, 16; Page, 2; Daar, 1; Land, 1*).

**MOTION #4B:** Elect Executive Committee At-Large member, seat 2 (*Land, 11; Daar, 6; Page, 3*).

**MOTION #4C:** Elect Executive Committee At-Large member, seat 3 (*Daar, 12; Page, 8*).

**10. EXECUTIVE DIRECTOR'S REPORT:** Mr. Vincent-Jones noted a letter from the Chief Executive Officer to the Supervisors summarizing state budget discussions through February 6<sup>th</sup>. The memo recommended a hard hiring freeze, excluding critical health and safety positions, and a freeze on non-essential purchases of services, supplies, and fixed assets until such time as the state budget impact on County cash flow is resolved. The Board approved the recommendations.

**A. HRSA Planning Council Guide:** Mr. Vincent-Jones noted the updated planning council guide in the packet. It describes planning council roles and responsibilities, as well as its relationship to the Eligible Metropolitan Area (EMA).

**11. STATE OFFICE OF AIDS REPORT:** There was no further information except that counties would also receive IOUs.

**12. HIV EPIDEMIOLOGY PROGRAM REPORT:**

**A. HIV Epidemiology Profile:**

- Dr. Frye presented the annual HIV Epidemiology Profile. He noted the Semi-Annual Surveillance Summary Report was not yet available, as the Health Deputies had not completed their pre-publication review.
- He indicated that reporting methods were advancing for HIV. More HIV/AIDS or HIV is being reviewed in this report though much data is still by AIDS.
- The County remained in the mid-range of United States 2006 AIDS rates with 13 per 100,000. Both AIDS diagnoses and mortality continue to decline and the number of those living with AIDS continues to increase.
- The proportion of nearly 90% male and about 12% female remains fairly constant, but the population is aging with the largest proportion of PLWA aged 30 to 39 and the largest proportion of PLWH/A aged 40 to 49.
- Latinos continue to reflect the highest number of AIDS cases, mirroring their numbers in the population while African-Americans continue to reflect the highest rate.
- Predominant modes of infection remain fairly constant with MSM for men (81%) and heterosexual contact for women (68%). No Reported Risk (NRR) is 18%, but is redistributed to risk categories based on a formula using reclassified cases from 1993 to 2002. NRR is expected to decline as methods for determining risk improve.

- Dr. Frye also reported preliminary gaps analysis from the 2007 and 2008 Los Angeles County HIV Needs Assessments (LACHNA). The highest ranked service category gaps among all respondents were Dental Services, Non-Section 8 Rental Assistance, and HOPWA/Section 8/Independent Subsidized Housing.
- Mr. Goodman said surveys need to be compared annually as, e.g., Oral Health funding has gone up since LACHNA. Mr. Pérez added more resources are being added especially through MAI, but capacity is still needed for specialty services.
- Dr. Frye noted LACHNA is not a fully randomized study as most respondents were captured through clinics.
- Kaiser continues to do the minimum in case reporting though the total number of cases has increased. Current penalties are weak and HIV Epidemiology continues to work with the state to improve reporting requirements.
- ➡ OAPP will provide overlay maps of services and the epidemic which has shifted south and east, but Mr. Pérez noted that service delivery also takes into account that some clients prefer services outside their own SPAs. Dr. Frye reported that HIV Epidemiology is doing a data analysis on those traveling farthest to their service providers and why. Mr. Vincent-Jones added the Commission was developing the capability to compare populations, services, and needs to better identify gaps.

### **13. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:**

#### **A. HIV and Aging:**

- Ms. Wu, HRSA Grants Manager, and Ms. Rurangirwa, Epidemiologist, reported that the proportion of PLWA aged 50 or older in the County increased from 18% to 33% from 2000 to 2007 while those aged 30 to 39 tracked a parallel course. At this rate, nearly 40% of PLWA will be 50 or older by 2012.
- There is comparatively little published knowledge about this group or distinctions among the recently diagnosed, long-term survivors, and the overall population.
- Those who have been PLWA in the County's Ryan White system for over 20 years are mostly MSM, but those more recently diagnosed are more likely to be heterosexual and/or female. In addition, they are more likely to be people of color especially Latino or African-American, exhibit higher proportions of homelessness and a history of incarceration, and report risks of inconsistent condom use, sex exchange, and sex with alcohol use.
- Prevention is more difficult in older populations who are less likely to perceive themselves at risk for HIV. Further, HIV symptoms may be misdiagnosed as aging issues leading to later diagnosis and treatment.
- The course of HIV in older patients appears to be accelerated and medications handled less well, but interaction specifics are not known. In any case, the population will increasingly require more resources including medical specialists.
- Much more needs to be known about this population as a whole, like the long-term effect of HIV medications, and for example on sub-populations, such as the interaction of menopause and hormonal treatments with HIV. New guidelines are needed for treating this population including their prevention and psychological needs.
- Ms. Watt recommended more attention to drug and alcohol use, which is often under-diagnosed in this population due to discomfort of providers in raising it and the population's poor social skills for navigating sexual interaction. Mr. Butler noted many long-term survivors also deal with such issues, so comparing the two populations could be useful.
- Dr. Frye postulated older testers may report exposure mode more accurately due to greater comfort with themselves and to newer cases developing in areas with greater stigma.
- Mr. Pérez noted that African-Americans usually have a higher rate of HIV+ test results. These results show a somewhat higher rate of seropositive test results, which could be consistent with concerns that there may be resurgence of HIV in the White population. Mr. Engeran-Cordova complimented linking testing and care data. He felt it supported the importance of routine testing.
- Mr. Land noted that he participated in training new physicians in the 1990s and felt such training should be re-emphasized to address the needs of the aging population, including the need to test for psychological issues which is a less common need in the general population.

#### **A. Report:**

- Mr. Pérez noted the draft Year 19 Board Letter detailing 77 contracts with 43 providers in 15 service categories starting March 1<sup>st</sup> had been submitted to the Chief Executive Office and Health Deputies.
- OAPP proposed sole source agreements to expend the Commission's Benefits Specialty allocation. Three partners had been identified who OAPP determined could provide the service, but due to controversy about the process, the letter was rewritten to remove those sole source agreements. The process had also revealed greater than anticipated complexity in transitioning some case management resources and the emergence of previously unidentified potential Benefit Specialty partners.
- Mr. Pérez indicated that an RFP process would take 10 to 12 months. Mr. Vincent-Jones said the priority- and allocation-setting process was intended to determine allocations eleven months in advance so that OAPP could have time for an RFP process, if necessary. The last two cycles finished in summer due to Reauthorization and other reasons and that OAPP had informed the Commission and the Commission had understood that non-RFP processes might have to be used

due to the shorter timeframes. He added that OAPP had recommended that the Commission allocate to Benefits Specialty in FY 2009.

- Mr. Goodman and Ms. Watt, Co-Chairs, Priorities and Planning Committee, suggested the allocation be used for training initially. Regarding training, Mr. Pérez said he had received provider feedback that if some agencies received training they would have an advantage when the service went to RFP. The sole source providers were chosen based on historic independent experience but that, too, raised questions from other providers of favoritism.
- Mr. Pérez felt suggestions how to use the allocation, for example, training, addressed procurement and overstepped Commission purview. He added that OAPP felt there were influences from outside the planning arena that disrupted the procurement processes. Mr. Vincent-Jones responded that the intent of the recommendation was simply to help facilitate and enable OAPP's implementation of the service category.
- Mr. Land said Benefits Specialty was particularly important as the economic crisis forces people out of private insurance. That, in turn, makes substantive and respectful discussion between the Commission and OAPP imperative. The Commission agreed that it should support whatever procurement process OAPP engages to implement Benefits Specialty services according to the YR 2009 allocations and that services begin as close to March 1<sup>st</sup> start date as possible.
- Health Deputies were given an RFP schedule detailing the last four RFPs, the four RFPs currently being developed, and the four RFPs that were expected to follow. The timeline for releasing a Benefits Specialty RFP prior to Medical Outpatient, he suggested, would be poor planning.
- Mr. O'Brien felt the core discussion missing was what the system itself, rather than its discrete parts, should look like. For example, his agency provides benefits specialty without reimbursement, and while the standard describes the function it does not provide administrative guidance to OAPP. Mr. Vincent-Jones responded that the standards set forth minimum service expectations and the continuum of care defines the service delivery system, but the Commission is currently prohibited from making administrative, procurement or monitoring decisions.
- Dr. Green, Chief, OAPP's Planning and Research Division, reported that HRSA had hosted a conference call for Part A grantees earlier in the week. They are releasing awards of about 40% of current Part A awards for each jurisdiction pending the final appropriation. Part A application scores should be received within the subsequent few weeks. HRSA also announced the Year 3 MAI awards would be the same as the jurisdictions' Year 2 awards.
- Ms. Pawluck, Director of Communications at OAPP, announced planning was underway for a new social marketing campaign. Focus groups and a Community Advisory Board (CAB) are planned. The dozen or so CAB members will be chosen for broad representation of the community from prevention through care. Applications are due March 2<sup>nd</sup>.
- She added OAPP is on Facebook. The pilot page has been up a week and lists things like events, videos, and posters. The website has also been updated.

**15. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:** There were no reports.

**16. PREVENTION PLANNING COMMITTEE (PPC) REPORT:** There was no report.

**17. SPA/DISTRICT REPORTS:**

- **SPA #1:** Ms. Granai reported she was volunteering for an agency, so could remain as SPA representative on the Commission. The meeting schedule remains unchanged. Michael Moore will represent the SPN.
- **SPA #6:** Ms. White reported the SPN Leadership Training was full. There is a continuation plan for the SPA #6 SPN. She also indicated that the other SPN representatives had intended to present their final SPN reports, but their reports had been postponed until later on the agenda and they had another meeting.

**18. TASK FORCE REPORTS:**

- A. Commission Task Forces:** There were no reports.
- B. Community Task Forces:** There were no reports.

**19. BENEFITS REPORT:** The report was postponed.

**20. CONSUMER CAUCUS REPORT:**

- A. SPNs' Leadership Training:** The February 20<sup>th</sup> meeting is fully subscribed.
- B. "Benefits 101":** This Consumer Caucus training is scheduled for February 26<sup>th</sup>.
- C. Empowerment/Mobilization Training:** This consumer training is being planned for March.

**21. STANDING COMMITTEE REPORTS:**

**A. Standards of Care (SOC) Committee:** Dr. Younai noted HRSA references the standards in its bulletin and on its website.

1. **Language/Interpretation Standard of Care:**

- Ms. Palmeros presented the final revisions of the standard that provides ASL and interpretation for any spoken language, as needed. Mr. Pérez suggested that Spanish-language interpretation should not be excluded simply because Spanish/English service delivery was required of agencies, because there may be other reasons for needing Spanish-language interpretation at a provider. Mr. Vincent-Jones responded that he did not believe it had been, but the Committee would review it again to ensure that Spanish-language interpretation was not excluded.
- Training and written translation were removed from the standard as they are not direct client services. Interpreter qualifications/evaluations were better defined, and TB clearance added due to medical visit participation.

**MOTION #5:** Approve the Language/Interpretation standard of care, as revised (*Passed by Consensus*).

2. **Medical Outpatient/Specialty Standard of Care:**

- Ms. Palmeros presented the final revisions of the standard to ensure consistency with the newly embedded Medical Specialty, the new Medical Care Coordination (MCC) and, for the section regarding prevention in the medical visit, the CDC, and Prevention Planning Committee (PPC) standards. The standard reflects the close integration of outpatient and specialty care, but does not imply a contracting model.
- Practitioner flexibility was increased where procedure efficacy is inconclusive or patient long-term stability might indicate, e.g., fewer annual visits. Practitioners should be made aware of patients' use of alternative medicine and Nurse Practitioners must be DEA-licensed.
- A distinction was made between a service component and a service category's compliance with other service categories when and if they are allocated/implemented. For example, the Medical Outpatient (MO) standard references MCC and HIV Counseling and Testing (HCT). MO services must be consistent with the relevant service requirements of MCC and HCT, but referencing MCC and HCT in the MO standard does not imply that MO services cannot be delivered without implementation of MCC/HCT.
- The Commission will dialogue on implementation and SOC intends to begin annually reviewing RFP templates. It is Committee's intent that all standards of care will go through a full updating process once every three or four years (to be determined by the RFP timeline) a year before the service category's resolicitation. However, if a major issue arises in the meantime, any standard can be revised at any time.

**MOTION #6:** Approve the Medical Outpatient/Specialty standard of care, as presented (*Passed: 21 Ayes; 2 Opposed; 1 Abstention*).

3. **Grievance Policy and Procedure:** The item was postponed.

**B. Priorities & Planning (P&P) Committee:**

1. **OAPP's Annual Financial Reports:** The report was postponed.

**MOTION #7:** Accept OAPP's annual financial reports for 2008, as presented (*Postponed*).

2. **Monthly Expenditure Reports:** The report was postponed.

3. **FY 2010 Priority- and Allocation-Setting:**

- Mr. Goodman noted the memorandum on review of the process. The main change is that paradigms and operating values will be done tri-annually with review in intervening years since they have remained stable for five years.
- Per the timeline in the packet, P&P will complete work in May with the Commission recommendations vote in June. Mr. Goodman reminded Commissioners to sign and return their Priority- and Allocation-Setting Process Pledge.

4. **Minority AIDS Initiative (MAI):** Mr. Goodman summarized the memorandum on MAI carryover funds. The Commission directed OAPP in November 2008 to re-allocate unspent MAI funds from the first year on other MAI categories, with any excess to Medical Outpatient. The \$1.1 million Year 1 carryover funds are being allocated to Oral Health consistent with that direction.

**C. Operations Committee:**

1. **Member Nominations:**

**MOTION #8:** Nominate Jeffrey Goodman to the SPA 5 Provider seat, Sharon Chamberlain to the SPA 5 Provider Alternate seat, Marcos Aviles to the SPA 1 Consumer Alternate seat, and Eric Daar to the HIV Provider seat and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).

2. **Procurement Reform Work Group:** There was no report.

**D. Joint Public Policy (JPP) Committee:** The March 4<sup>th</sup>, 12:00 noon to 5:00 pm, meeting will be the annual legislative review.

1. **AJR: Ryan White Extension:**

**MOTION #9:** Support the Assembly Joint Resolution (AJR) (Perez-LA) calling for the Governor to communicate the state's support for a three-year extension of Ryan White legislation to the federal Administration/Congress (*Passed as part of the Consent Calendar*).

2. **Public Policy Docket:** The docket was in the packet.

## Commission on HIV Meeting Minutes

February 12, 2009

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**22. COMMISSION COMMENT:** There were no additional comments.

**23. ANNOUNCEMENTS:** There were no announcements.

**24. ADJOURNMENT:** Mr. Braswell adjourned the meeting at 1:45 pm in memory of George Bauer.

**A. Roll Call (Present):** Aviña, Bailey, Ballesteros, Braswell, Butler, DeAugustine, Engeran-Cordova, Frye, Giugni, Goddard, Goodman, Granai, Johnson, Kochems, Land, Liso, Long, Negrete, O'Brien, Orozco, Page, Palmeros, Pérez, Sotomayor, Watt, Younai

<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2:</b> Approve the minutes from the December 11, 2008 Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #3:</b> Approve the Consent Calendar, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4A:</b> Elect Executive Committee At-Large member, seat 1.	<b>Ballesteros:</b> Aviña, Chavez, DeAugustine, Engeran-Cordova, Giugni, Goodman, Granai, Johnson, Land, Liso, Negrete, O'Brien, Orozco, Palmeros, Sotomayor, Younai <b>Daar:</b> Kochems <b>Land:</b> Ballesteros <b>Page:</b> Braswell, Page	<b>MOTION PASSED</b> <b>Ballesteros:</b> 16 <b>Daar:</b> 1 <b>Land:</b> 1 <b>Page:</b> 2
<b>MOTION #4B:</b> Elect Executive Committee At-Large member, seat 2.	<b>Daar:</b> Giugni, Johnson, Kochems, O'Brien, Orozco, Palmeros <b>Land:</b> Ballesteros, Chavez, DeAugustine, Engeran-Cordova, Goodman, Granai, Land, Liso, Negrete, Sotomayor, Younai <b>Page:</b> Aviña, Braswell, Page	<b>MOTION PASSED</b> <b>Daar:</b> 6 <b>Land:</b> 11 <b>Page:</b> 3
<b>MOTION #4C:</b> Elect Executive Committee At-Large member, seat 3.	<b>Daar:</b> Chavez, DeAugustine, Engeran-Cordova, Giugni, Granai, Johnson, Kochems, Liso, Orozco, Palmeros, Sotomayor, Younai <b>Page:</b> Aviña, Ballesteros, Braswell, Goodman, Land, Negrete, O'Brien, Page	<b>MOTION PASSED</b> <b>Daar:</b> 12 <b>Page:</b> 8
<b>MOTION #5:</b> Approve the Language/Interpretation standard of care, as revised.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #6:</b> Approve the Medical Outpatient/Specialty standard of care, as presented.	<b>Ayes:</b> Aviña, Bailey, Ballesteros, Braswell, Chavez, DeAugustine, Engeran-Cordova, Giugni, Goodman, Granai, Johnson, Kochems, Land, Liso, Long, Negrete, Orozco, Page, Palmeros, Sotomayor, Younai <b>Opposed:</b> O'Brien <b>Abstentions:</b> none	<b>MOTION PASSED</b> <b>Ayes:</b> 21 <b>Opposed:</b> 1 <b>Abstention:</b> 0
<b>MOTION #7:</b> Accept OAPP's annual financial reports for 2008, as presented.	<i>Postponed</i>	<b>POSTPONED</b>
<b>MOTION #8:</b> Nominate Jeffrey Goodman to the SPA 5 Provider seat, Sharon Chamberlain to the SPA 5 Provider Alternate seat, Marcos Aviles to the SPA 1 Consumer Alternate seat, and Eric Daar to the HIV Provider seat and forward to the Board of Supervisors for appointment.	<i>Passed as part of the Consent Calendar</i>	<b>MOTION PASSED</b>
<b>MOTION #9:</b> Support the Assembly Joint Resolution (AJR) (Perez-LA) calling for the Governor to communicate the state's support for a three-year extension of Ryan White legislation to the federal Administration/Congress.	<i>Passed as part of the Consent Calendar</i>	<b>MOTION PASSED</b>